

Louisa Loke

From: Littlejohn, Nathan [LittNa@ncs.com]
Sent: Tuesday, March 19, 2002 6:56 PM
To: 'Louisa_Loke@nafi.com'
Subject: 471 Application ID <form identifier: long distance> -PR Case ID # [REDACTED]

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5
Billed Entity: North American Family Institute

Block 5 Item 15 on pages 1 - 3: Provide the contract number for this service. If there is no reference number for your contract, please enter N/A. If this is a tariffed service, place a T in Item 15. If the service is purchased under a month-to-month arrangement, please enter MTM in Item 15.

Block 5 Item 23 on page 1: The calculations in Columns E, I, and K did not match our system calculations.

Please make these corrections to your form and fax a copy of the corrected pages to my attention at 888-276-8736. If you have any questions, please call me at 888-203-8100 and reference case number 119289.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

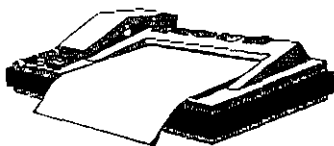
Thank you,

Nathan Littlejohn
Client Service Bureau/Problem Resolution
Schools and Libraries Division

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 4803
CONNECTION TEL 18882768736
SUBADDRESS
CONNECTION ID
ST. TIME 03/22 15:56
USAGE T 02'09
PGS. SENT 5
RESULT OK

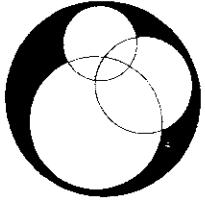


Facsimile Cover Sheet

To: Nathan Littlejohn**Company:** SLD**Phone:** 888-203-8100**Fax:** 888-276-8736**From:** Louisa Loke**Company:** NAFI**Phone:** 978-774-0774 or 978-774-0775, ext. 192**Fax:** 978-774-2262**E-Mail:** Louisaloke@nafi.com**Date:** 3/22/02

No. of pages
including cover page: 5

Comments:**Re: case #119289**



NAFI/NFI

creating diverse and innovative services for people

March 22, 2002

Form 471 Application
Entity Number 227033
Re: Case #119289

ADMINISTRATIVE OFFICES:

10 Harbor Street

Danvers, MA 01923

Tel: (978) 774-0774

Main Fax: (978) 774-8369

Alternate Fax: (978) 774-2262

TTY: (978) 762-6314

Dear Mr. Littlejohn,

Attached please find a copy of form 471, Block 5. I had made the correction on Block 5, item 15.

Block 5, item 23: Those calculations were done by Excel spreadsheet, and look correct.

Would you provide the correct figures and I'll make the changes. Please feel free to contact me if you have any questions.

Sincerely,

Louisa Loke

Entity Number: 227033

Applicants Form Identifier:

long distance

Contact Person: Louisa Loke

Phone Number:

(978) 774-0774

Block 5: Discount Funding Request(s)Block 5, page 1 of 3

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections				15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)				MTM		
				16 Billing Account Number (e.g., billed telephone number)				978-521-1622		
12 Form 470 Application Number (15 digits) 681020000377973				17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)				12/13/2001		
13 SPIN - Service Provider Identification Number (9 digits) 143001192				18 Contract Award Date (mm/dd/yyyy)						
				19a Service Start Date (mm/dd/yyyy)				7/1/2002		
				19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)				6/30/2003		
14 Service Provider Name AT&T				20 Contract Expiration Date (mm/dd/yyyy)						
21 Description of This Service:				You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 1 _____						
22 Entity/Entities Receiving This Service:				a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____						
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
		4,161.75	12	49,941.04			0	49,941.04	89%	44,447.53

Entity Number: 227033	Applicants Form Identifier:	long distance
Contact Person: Louisa Loke	Phone Number:	(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page _2 of 3

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. ↑

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM 16 Billing Account Number (e.g., billed telephone number) 0000-000002989690-7
12 Form 470 Application Number (15 digits) <div style="text-align: right;">681020000377973</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143001197</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 7/1/2002 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003
14 Service Provider Name MCI Communications	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 2

22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
42.70	0	42.70	12	512.39				512.39	90%	\$ 461.15

Entity Number: 227033	Applicants Form Identifier:	long distance
Contact Person: Louisa Loke	Phone Number:	(978) 774-0774

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 3 of 3

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) MTM 16 Billing Account Number (e.g., billed telephone number) 0000059692
12 Form 470 Application Number (15 digits) <div style="text-align: right;">681020000377973</div>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001
13 SPIN - Service Provider Identification Number (9 digits) <div style="text-align: right;">143001444</div>	18 Contract Award Date (mm/dd/yyyy) 19a Service Start Date (mm/dd/yyyy) 7/1/2002 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003
14 Service Provider Name <div style="text-align: right;">Sprint</div>	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:
 You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
 Attachment # 3

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
20.25	0	20.25	12	243			0	243.00	89%	216.27

Louisa Loke

From: Littlejohn, Nathan [LittNa@ncs.com]
Sent: Tuesday, March 19, 2002 11:34 PM
To: 'Louisa_Loke@nafli.com'
Subject: 471 Application ID <form identifier: Wireless> -PR Case ID#<cas e#119290>

We are making this contact with you to obtain the necessary information to successfully data enter your Form 471 Services Ordered and Certification Form. Here is the information we need from you so that we may complete data entry of your application for E-Rate Discounts:

Funding Yr: 5
Billed Entity: North American Family Institute

Block 5 Item 15 on pages 1 - 13: Provide the contract number for this service. If there is no reference number for your contract, please enter N/A. If this is a tariffed service, place a T in Item 15. If the service is purchased under a month-to-month arrangement, please enter MTM in item 15.

Please make these corrections to your form and fax a copy of the corrected pages to my attention at 888-276-8736. If you have any questions, please call me at 888-203-8100 and reference case number 119290.

We need to receive this information from you within 7 calendar days of this communication with you. If we do not receive the requested information from you within this time frame, your Form 471 application will be rejected and returned to you.

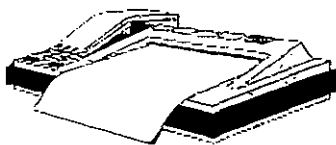
Thank you,

Nathan Littlejohn
Client Service Bureau/Problem Resolution
Schools and Libraries Division

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 4804
CONNECTION TEL 18882768736
SUBADDRESS
CONNECTION ID
ST. TIME 03/22 16:01
USAGE T 07'00
PGS. SENT 15
RESULT OK

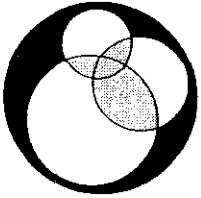


Facsimile Cover Sheet

To: Nathan Littlejohn**Company:** SLD**Phone:** 888-203-8100**Fax:** 888-276-8736**From:** Louisa Loke**Company:** NAFI**Phone:** 978-774-0774 or 978-774-0775, ext. 192**Fax:** 978-774-2262**E-Mail:** Louisaloke@nafi.com**Date:** 3/22/02

No. of pages
including cover page: 15

Comments:**Re: case #119290**



NAFI / NFI

creating diverse and innovative services for people

March 22, 2002

Form 471 Application
Entity Number 227033
Re: Case #119290

ADMINISTRATIVE OFFICES:

10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Main Fax: (978) 774-8369
Alternate Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: <http://nafi.com>

Dear Mr. Littlejohn,

Attached please find a copy of form 471, Block 5. I had made the correction on Block 5, item 15. Please feel free to contact me if you have any questions.

Sincerely,

Louisa Loke

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Wireless
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 1 of 13

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) 540-010-6853-609					
12 Form 470 Application Number (15 digits) 681020000377973					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
13 SPIN - Service Provider Identification Number (9 digits) 143001440					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003					
14 Service Provider Name Alltel					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 1 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
1508.21	0	1508.21	12	18098.52				18098.52	89%	\$ 16,107.68

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Wireless
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 2 of 13

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) 5210369-4					
12 Form 470 Application Number (15 digits) 681020000377973					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
13 SPIN - Service Provider Identification Number (9 digits) 143018525					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003					
14 Service Provider Name Arch Wireless					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 2										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
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Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
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		714.08	12	8569			0	8569	89%	\$ 7,626.41

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Wireless
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 3 of 13

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM								
		16 Billing Account Number (e.g., billed telephone number) 600661052								
12 Form 470 Application Number (15 digits) 681020000377973		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001								
13 SPIN - Service Provider Identification Number (9 digits) 143024165		18 Contract Award Date (mm/dd/yyyy)								
		19a Service Start Date (mm/dd/yyyy) 7/1/2002								
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003								
14 Service Provider Name AT&T Wireless		20 Contract Expiration Date (mm/dd/yyyy)								
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>3</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
241.17	0	241.17	12	2894			0	2,894.00	89%	2,575.66

Vendor Code Number
237-378-470-000-1

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF EDUCATION
NUTRITION PROGRAMS AND SERVICES
350 MAIN STREET, MALDEN, MA 02148

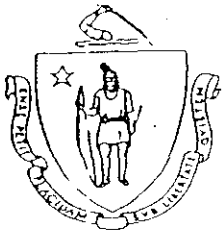
DATE: 08/16/01
PAGE: 2

Agreement Number

05-071-I32R

RESIDENTIAL CHILD CARE INSTITUTION
2002 PROGRAM APPLICATION FOR
BREAKFAST - LUNCH - COMMODITY DISTRIBUTION

6 NAME AND ADDRESS OF FEEDING SITE	7 SITE NBR	8 ENROLL MENT	9 SCHOOL TYPE PS EL MD SC	10 PROGRAM BRK LUN	11 TYPE OF SERVICE OSP BAS CKT REC	12 TYPE OF MEAL IN RECEIVING SCHOOL BK PP CM VPB VPL	13 FSMC CONT RACT	14 OPEN JUL/ AUG.
NORTH CROSSING 47 PARK ST NEWTON, MA 02158	005	9		Y	Y Y	Y	NO	BOTH
CHAUNCY HALL LYMAN STREET WESTBORO, MA	007	22		Y Y	Y Y	Y	NO	BOTH
DIVERSION 230 LIBERTY STREET HAVERHILL, MA 01830	008	18			Y Y	Y	NO	BOTH
NFI CENTER (HAYDEN) 21 QUEEN STREET DORCHESTER, MA 02122	010	85		Y Y	Y Y	Y	NO	BOTH
The abbreviations within the columns represent the following values:			PRE-SCHOOL ELEMENTARY MIDDLE SECONDARY	BRKFAST LUNCH	ON-SITE PREP BASE CENTRAL KITCHEN RECEIVING	BULK PRE-PLATE COLD MEALS VENDOR PURCH BRK VENDOR PURCH LUN		



MASSACHUSETTS DEPARTMENT OF EDUCATION
NUTRITION PROGRAMS & SERVICES

NATIONAL SCHOOL LUNCH (NSL)
AFTER SCHOOL SNACK PROGRAM ADDENDUM

I certify that the provisions for the National School Lunch After School Snack Program are implemented as follows:

- Administered by a school that is eligible to operate NSLP. Another organization such as a YMCA or Boys/Girls Club may operate it.
- Provide children with regularly scheduled activities, including education or enrichment activities in an organized structured and supervised environment. Extracurricular activities are only eligible if their basic purpose is to provide after school care. **Under no circumstances** can organized athletic programs engaged in interscholastic sports be approved for an after school snack.
- Claim reimbursement for one snack per child, per day, through age 18, and if a student's nineteenth birthday occurs during the school year, reimbursement may be claimed for snacks served to that student during the remainder of the school year.
- Claim snack reimbursement at the "free" rate for "At Risk" after school programs situated in "area eligible" locations where 50% of the children are eligible for free or reduced price meals.
- Claim snack reimbursement by type (free, reduced price and paid) for sites in locations not meeting the "area eligible" criteria and maintain documentation of eligibility for meals served free or at a reduced price.
- Charge no more than \$.15 for reduced price snacks.
- Comply with the meal pattern requirement established for snacks.
- Document individual children's daily attendance in the after school program.
- Document daily snack counts.



Signature of Authorized Representative

William C. Frankenstein 9/18/01

Please Print Signature

Date

Northeastern Family Institute

Name of Sponsoring Organization

10 Harbor St. Danvers

Address

978-774-0774

Telephone #

05-071-132R

Agreement Number

Menu Planning Option

School Year 2001-2002

Each School Food Authority must choose a menu planning option. Please indicate which menu planning option your school will be using for the 2001-2002 school year and return this form along with your program renewal form to:

Nutrition Programs and Services
Massachusetts Department of Education
350 Main Street
Malden, MA 02148

School Name NFI Agreement # 05-071-I327

☒ **Traditional Food-Based Menu Planning:** requires specific food group components in specific amounts for specific age/grade groups. This approach uses **meal patterns** that were designed to provide over time:

- 1/3 of the Recommended Dietary Allowances (RDA) for key nutrients for specific age/grade groups for lunch
- 1/4 of the RDA for key nutrients for specific age/grade groups for breakfast

The meal plans do not have any *built-in* features that will help you serve meals that comply with these guidelines. You will need to give extra thought to planning meals that meet the nutrition goals – including target calorie levels – while reducing fat.

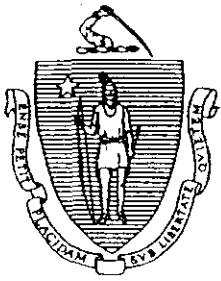
☐ **Enhanced Food-Based Menu Planning:** requires specific food group components in specific amounts using *different* established age/grade groups than the traditional food-based plan. And, there are increased servings of Vegetables/Fruits and Grains/Breads. This approach uses **meal patterns** designed to:

- provide 1/3 of the RDA for key nutrients as well as 1/3 of calorie needs for specific age/grade groups for lunch
- provide 1/4 of the RDA for key nutrients as well as 1/4 of calorie needs for specific age /grade groups for breakfast
- help ensure consistency with the Dietary Guidelines

☐ **Nutrient Standard Menu Planning (NSMP):** this approach requires a nutritional analysis of foods used in school meals. Schools must use USDA-approved computer software. When averaged over a school week, the **menu nutrient analysis** must:

- provide 1/3 of RDA for specific nutrients as well as 1/3 of calorie needs for each age or grade group for lunch
- provide 1/4 of the RDA for specific nutrients as well as 1/4 of calorie needs for each age or grade group for breakfast
- meet certain standards which help ensure that meals are consistent with the Dietary Guidelines for Americans

☐ **Assisted NSMP:** exactly like NSMP *except* an outside consultant or other agency performs all of the functions of menu planning and nutrient analysis.



The Commonwealth of Massachusetts Department of Education

350 Main Street, Malden, Massachusetts 02148-5023

Telephone: (781) 338-3000
TTY: N.E.T. Relay 1-800-439-2370

David P. Driscoll
Commissioner of Education

MEMORANDUM

TO: Bill Frankenstein, Northeastern Family Institute
FROM: Kathleen C. Millett
DATE: November 21, 2001
RE: Food Service Program - FY02

The following adjustments have been made to your program as requested:

- ☒ Addition/Termination of Sites
- ☐ Change in approved Meal Pattern/Types
- ☐ Change in Operational Dates/Times
- ☐ Other

The Positive Opportunity Program has been added to your agreement as per your request. Please refer to the site number when filing for claims for reimbursement.

Positive Opportunity Program # I32R-002

Thank you.

Vendor Code Number
237-378-470-000-1

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF EDUCATION
NUTRITION PROGRAMS AND SERVICES
350 MAIN STREET, MALDEN, MA 02148

DATE: 11/21/01
PAGE: 1

Agreement Number

05-071-I32R

RESIDENTIAL CHILD CARE INSTITUTION
2002 PROGRAM APPLICATION FOR
BREAKFAST - LUNCH - COMMODITY DISTRIBUTION

1. Name and address of Sponsor NORTHEASTERN FAMILY INSTITUTE 10 HARBOR STREET DANVERS, MA 01923	2. DAYS OPEN PER WEEK 7	4. LICENSED BY DMH OCCS Please enclose a copy of the most current license.	5. ENROLLMENT Resi- dential: 200 Day: 0 Total: 200
--	----------------------------	--	--

6 NAME AND ADDRESS OF FEEDING SITE	7 SITE NBR	8 ENROLL MENT	9 SCHOOL TYPE PS EL MD SC	10 PROGRAM BRK LUN	11 TYPE OF SERVICE OSP BAS CKT REC	12 TYPE OF MEAL IN RECEIVING SCHOOL BK PP CM VPB VPL	13 FSMC CONT RACT	14 OPEN JUL/ AUG.
SHELTER CARE 40 GREGORY ST MIDDLETON, MA 01949	001	25	Y Y	Y Y	Y		NO	BOTH
POSITIVE OPPORTUNITY PROGRAM 94-96 HIGHLAND AVENUE FITCHBURG, MA 01420	002	16		Y Y	Y		NO	BOTH
ALLIANCE HOUSE 38 PLEASANT STREET STONEHAM, MA 02180	003	15	Y	Y Y	Y		NO	BOTH
The abbreviations within the columns represent the following values:			PRE-SCHOOL ELEMENTARY MIDDLE SECONDARY	BRKFAST LUNCH	ON-SITE PREP BASE CENTRAL KITCHEN RECEIVING	BULK PRE-PLATE COLD MEALS VENDOR PURCH BRK VENDOR PURCH LUN		

15. Original signature, printed name,
and title of authorized representative: _____

I certify that the individual named above is duly designated as Authorized Representative empowered to sign "Claims for Reimbursement" in connection with the National School Lunch, School Breakfast, Commodity School and Commodity Distribution Programs. I further certify that the information on this application is true and correct to the best of my knowledge. All listed feeding sites will operate in accordance with our present Agreement including all amendments to Federal and State regulations governing the Child Nutrition Programs for the period July 1, 2001 through June 30, 2002.

16. Original signature, printed name, and date of
superintendent/executive director/administrator: _____

17. Contact person for claim reimbursement questions: BILL FRANKENSTEIN

Phone Nbr: 978-774-0775

Office Address: _____

E-Mail: _____

Home: _____

Telephone: _____

Fax: _____

Vendor Code Number
237-378-470-000-1

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF EDUCATION
NUTRITION PROGRAMS AND SERVICES
350 MAIN STREET, MALDEN, MA 02148

DATE: 11/21/01
PAGE: 2

Agreement Number

05-071-I32R

RESIDENTIAL CHILD CARE INSTITUTION
2002 PROGRAM APPLICATION FOR
BREAKFAST - LUNCH - COMMODITY DISTRIBUTION

6 NAME AND ADDRESS OF FEEDING SITE	7 SITE NBR	8 ENROLL MENT	9 SCHOOL TYPE PS EL MD SC	10 PROGRAM BRK LUN	11 TYPE OF SERVICE OSP BAS CKT REC	12 TYPE OF MEAL IN RECEIVING SCHOOL BK PP CM VPB VPL	13 FSMC CONT RACT	14 OPEN JUL/ AUG.
COMMUNITY INTERVENTION 23 MAPLE STREET ARLINGTON, MA 02174	004	10		Y	Y Y	Y	NO	BOTH
NORTH CROSSING 47 PARK ST NEWTON, MA 02158	005	9		Y	Y Y	Y	NO	BOTH
CHAUNCY HALL LYMAN STREET WESTBORO, MA	007	22	Y Y	Y Y	Y		NO	BOTH
DIVERSION 230 LIBERTY STREET HAVERHILL, MA 01830	008	18		Y Y	Y		NO	BOTH
NFI CENTER (HAYDEN) 21 QUEEN STREET DORCHESTER, MA 02122	010	85	Y Y	Y Y	Y		NO	BOTH
The abbreviations within the columns represent the following values:			PRE-SCHOOL ELEMENTARY MIDDLE SECONDARY	BRKFAST LUNCH	ON-SITE PREP BASE CENTRAL KITCHEN RECEIVING	BULK PRE-PLATE COLD MEALS VENDOR PURCH BRK VENDOR PURCH LUN		

*** TX REPORT ***

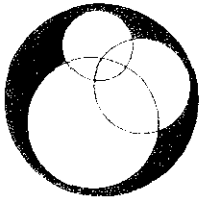
TRANSMISSION OK

TX/RX NO	1682	
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SUBADDRESS		
CONNECTION ID		
ST. TIME	07/31 15:47	
USAGE T	01'05	
PGS. SENT	3	
RESULT	OK	



Facsimile Cover Sheet

To: Rina Patel**Company:** Program Integrity Assurance Associate, SLD**Phone:** 973-884-8359**Fax:** 973-599-6522**From:** Louisa Loke**Company:** NAFI**Phone:** 978-774-0774 or 978-774-0775, ext. 192**Fax:** 978-774-2262**E-Mail:** Louisaloke@nafi.com**Date:** 7/31/02**No. of pages** 3
including cover page:**Comments:****Re:** Discount information for Centocook School



NORTH AMERICAN FAMILY INSTITUTE, Inc.

creating diverse and innovative services for people

July 31, 2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

ADMINISTRATIVE OFFICES
10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: <http://nafi.com>

Re: E-rate Application – Discount Information for Contoocook School

Dear Ms. Patel,

Attached please find a completed sample survey form for the free and reduced lunch program.

Total enrollment: 20

Number of surveys sent out: 20

Number of responses received: 6

Number of eligible students: 6

The surveys are kept on file at Contoocook School, in Contoocook, NH

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com

APPLICATION FOR FREE AND REDUCED PRICE MEALS, SNACKS, OR FREE MILK

To apply for free and reduced price meals, after school snacks or free milk for your child(ren) complete this form, sign and return it to the school. All information is held confidential in accordance with federal regulations.

PART 1 – All children for whom Application is being made:

Children's Name	Grade	School Name	Check if Applicable				Food Stamp or TANF Case No. or Foster Child's Income
			Homeless Child	Foster Child	Food Stamp	TANF	
Andrew [REDACTED]	8	Contoocook					

PART 2 – All Household Members – If you give your Food Stamp or TANF case number or Foster Child's Income above for the child(ren) listed, skip Part 2 and go to Part 3. If you do not write a Food Stamp or TANF case number or Foster Child's Income for the child(ren) listed above, complete Parts 2 and 3.

Current Income

Check one box only:

☐ Weekly☐ Monthly☐ Yearly

List the Names of Everyone in Your Household	Earnings from Work (before deductions) Job 1	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Job 2 or Any Other Income
1. Andrew [REDACTED]	\$	\$	\$	\$
2. Joshua [REDACTED]	\$	\$	\$	\$
3. Mom [REDACTED]	\$ 3655	\$	\$	\$
4. Dad [REDACTED]	\$ 15834	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$

PART 3 – Signature: An adult household member must sign this application before it can be approved. I certify that all of the above information is true and that all income has been reported. I understand that this information is being given for the receipt of Federal Funds, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Parent/Guardian: [REDACTED]

Social Security No. [REDACTED]

Home Address: [REDACTED]

Home Phone: [REDACTED]

Work Phone: [REDACTED]

Date signed: 3/19/02

*****For School Use Only – Do Not Write Below This Line*****

Monthly income conversion: Weekly x 4.33; Every two weeks x 2.15; Twice a month x 2

☐ Homeless☐ Foster☐ Food Stamp/TANF Household☐ Household size☐ Income household: Total income☐ Weekly☐ Monthly☒ Yearly

Application Approved for:

☒ Free Meals☐ Snacks

Application Denied because:

☐ Income over allowed amount☐ Reduced Price Meals☒ Free Milk☐ Incomplete/missing☐ OtherTemporary approval for: ☐ Free Meals, expires☐ Reduced Price Meals, expires

Change in status (reason):

Date

Date withdrawn

Date Notice sent:

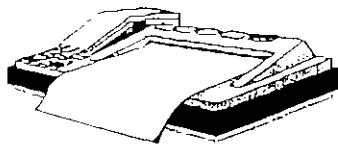
Signature of Determining Official: [REDACTED]

Date 5/23/02

*** TX REPORT ***

TRANSMISSION OK

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SUBADDRESS
CONNECTION ID
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USAGE T 03'45
PGS. SENT 12
RESULT OK



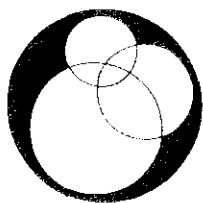
Facsimile Cover Sheet

To: Rina Patel**Company:** Program Integrity Assurance Associate, SLD**Phone:** 973-884-8359**Fax:** 973-599-6522**From:** Louisa Loke**Company:** NAFI**Phone:** 978-774-0774 or 978-774-0775, ext. 192**Fax:** 978-774-2262**E-Mail:** Louisaloke@nafi.com**Date:** 7/31/02

No. of pages
including cover page: 12

Comments:

Re: Discount information for Dodge/Bridge Crossing,
0 1 1



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Rina Patel
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TTY: (978) 762-6314
Web Site: <http://www.nafi.com>

Re: E-rate Application – Discount Information for Dodge/Bridge Crossing, Sidney School, and Buxton School

Dear Ms. Patel,

All students at Dodge/Bridge Crossing, Sidney School, and Buxton School are in state custody. They automatically qualified as Residential Child Care Institutions (RCCI).

Attached please find the document from Maine Department of Education that indicated Dodge/Bridge Crossing, Sidney School, and Buxton School are eligible for breakfast and lunch program. There are a total of 16 enrollments at Dodge/Bridge Crossing, 8 enrollments at Sidney School, and 8 enrollments at Buxton School. The document is kept on file at Contoocook office in Contoocook, NH.

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com

Production System

Maine Department of Education

School Food Service Reimbursement (SFSR)

View Application Form for District: Bangor Independent Living

Fiscal Year: 2002

Application Comments:

BREAKFAST CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

LUNCH CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

MILK CHARGES

Children: \$.00 Charge by dealer: \$.0000

AFTER SCHOOL PROGRAM CHARGES (ASP)

FULL PRICE	REDUCED PRICE
------------	------------------

APPROVAL

Legal Agent Approval Date: 08/07/2001

Last Updated By: Ferriter, Maureen

List of Schools for District: Bangor Independent Living

School	Eligible for Severe Need Breakfast	Eligible for ASP At Risk	Breakfast Program	Lunch Program	Milk Only Program	Pre K Milk Program	After School Program	Menu Type
Bangor Independent Living	Yes	Yes	Yes	Yes	No	No	No	Assisted Ni



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Production System

Maine Department of Education

School Food Service Reimbursement (SFSR)

View Application Form for District: Bridge Crossing

Fiscal Year: 2002

Application Comments:

BREAKFAST CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

LUNCH CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

MILK CHARGES

Children: \$.00 Charge by dealer: \$.0000

AFTER SCHOOL PROGRAM CHARGES (ASP)

FULL PRICE	REDUCED PRICE
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APPROVAL

Legal Agent Approval Date: 11/05/2001

Last Updated By: Muldoon, Joan

List of Schools for District: Bridge Crossing

School	Eligible for Severe Need Breakfast	Eligible for ASP At Risk	Breakfast Program	Lunch Program	Milk Only Program	Pre K Milk Program	After School Program	Menu Type	Typ
Bridge Crossing	Yes	Yes	Yes	Yes	No	No	No	Assisted Nu Menu	Prc



Public Document Access Main Page

Production System

Maine Department of Education**School Food Service Reimbursement (SFSR)****View Application Form for District: Buxton Secure Program****Fiscal Year: 2003****Application Comments:****BREAKFAST CHARGES**

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

LUNCH CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

MILK CHARGES

Children: \$.00	Charge by dealer: \$.0000
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AFTER SCHOOL PROGRAM CHARGES (ASP)

FULL PRICE	REDUCED PRICE
\$.00	\$.00

APPROVAL

Legal Agent Approval Date:	Last Updated By: korber, michelle
-----------------------------------	--

List of Schools for District: Buxton Secure Program

School	Eligible for Severe Need Breakfast	Eligible for ASP At Risk	Breakfast Program	Lunch Program	Milk Only Program	Pre K Milk Program	After School Program	Menu Type
Buxton Secure Program Call DOE AND have them fill out an Annual School Data Form	?	?	Yes	Yes	No	No	No	Assisted Nu M

Production System

Maine Department of Education**School Food Service Reimbursement (SFSR)****View Application Form for District: Dirigo Place****Fiscal Year: 2002****Application Comments:****BREAKFAST CHARGES**

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$0.00	\$0.00	\$0.00	\$0.00

LUNCH CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$0.00	\$0.00	\$0.00	\$0.00

MILK CHARGES

Children: \$0.00	Charge by dealer: \$0.0000
------------------	----------------------------

AFTER SCHOOL PROGRAM CHARGES (ASP)

FULL PRICE	REDUCED PRICE
------------	------------------

APPROVAL**Legal Agent Approval Date: 08/07/2001****Last Updated By: Williamson, Shannon****List of Schools for District: Dirigo Place**

School	Eligible for Severe Need Breakfast	Eligible for ASP At Risk	Breakfast Program	Lunch Program	Milk Only Program	Pre K Milk Program	After School Program	Menu Type	Type of
Dirigo Place	Yes	Yes	Yes	Yes	No	No	No	Assisted Nu Menu	Produc

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Production System

Maine Department of Education
School Food Service Reimbursement (SFSR)
View Application Form for District: Dodge House

Fiscal Year: 2002

Application Comments:

BREAKFAST CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

LUNCH CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

MILK CHARGES

Children: \$.00 Charge by dealer: \$.0000

AFTER SCHOOL PROGRAM CHARGES (ASP)

FULL PRICE	REDUCED PRICE
------------	------------------

APPROVAL

Legal Agent Approval Date: 08/07/2001

Last Updated By: Muldoon, Joan

List of Schools for District: Dodge House

School	Eligible for Severe Need Breakfast	Eligible for ASP At Risk	Breakfast Program	Lunch Program	Milk Only Program	Pre K Milk Program	After School Program	Menu Type	Type of
Dodge House	Yes	Yes	No	Yes	No	No	No	Assisted Nu Menu	Produ

[Public Document Access Main Page](#)

Production System

Maine Department of Education

School Food Service Reimbursement (SFSR)

View Application Form for District: Stetson Ranch

Fiscal Year: 2002

Application Comments:

BREAKFAST CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

LUNCH CHARGES

ADULTS	FULL PRICE ELEMENTARY	FULL PRICE SECONDARY	REDUCED PRICE
\$.00	\$.00	\$.00	\$.00

MILK CHARGES

Children: \$.00 Charge by dealer: \$.0000

AFTER SCHOOL PROGRAM CHARGES (ASP)

FULL PRICE	REDUCED PRICE
\$.00	\$.00

APPROVAL

Legal Agent Approval Date: 08/07/2001

Last Updated By: WESCOTT, MICHELLE

List of Schools for District: Stetson Ranch

School	Eligible for Severe Need Breakfast	Eligible for ASP At Risk	Breakfast Program	Lunch Program	Milk Only Program	Pre K Milk Program	After School Program	Menu Type	Type
Stetson Ranch	Yes	No	Yes	Yes	No	No	No	Assisted Nu Menu	Prodi



Public Document Access Main Page

Production System

Maine Department of Education**School Food Service Reimbursement (SFSR)****View Application Form****District Name: Sidney Riverbend****District Number: 725****District, Sidney Riverbend, Application Form For 2003 NOT FOUND!**[Public Document Access Main Page](#)[School Food Service Main Page](#)[SFS-R Navigation Map - System](#)[SFS-FD Navigation Map - System](#)[Maine State Homepage](#)[Maine Department of Education](#)[Maine State Agencies](#)**Questions or Comments about our Web site?**

- [Please contact the DOE Webmaster](#)



- You can contact DOE directly by phoning our receptionist at (207) 624-6842
- If you prefer regular mail, our address is:
Maine Department of Education, 23 State House Station, Augusta, Maine 04333

Please report any technical problems to the **SFS Administrator** at (207) 624-6877.

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for the Department of Education